

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035847

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

316

Primary Registration District No.

3059

Registrar's No.

403

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0941

2 0940

3

4 0

5 1

6

7 0

8 2

9 4200H

10

11

12 1-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY St. Francoisb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Bonne TerreLength of stay in 1b
6 Dac. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Bonne Terre Hosp.Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Ste Francoisc. CITY OR TOWN Farmington Rt.#2 Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location) Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

MARION

(NMI)

McDANIEL

4. DATE OF DEATH

Month

Day

Year

Sept. 13, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/22/1890

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Ret. Miner10b. KIND OF BUSINESS OR INDUSTRY
Lead11. BIRTHPLACE (City and state or country)
Doe Run, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Isaiah McDaniel

13b. MOTHER'S MAIDEN NAME

Mary Jane Wakkas

14. NAME OF HUSBAND OR WIFE

Dora (Watkins) McDaniel

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
yes WW # 1

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Dora McDaniel Farmington, Mo Rt2

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic heart disease.

INTERVAL BETWEEN ONSET AND DEATH
Many years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Adenocarcinoma of lung.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec. 15, 1961 to Sept. 13, 1962 and last saw her alive on Sept. 12, 1962

Death occurred at 3:25

a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Bonne Terre, Mo.

22c. DATE SIGNED

9/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9/15/1962

23c. NAME OF CEMETERY OR CREMATORY

Parkview Cemetery

23d. LOCATION (City, town, or county)

Farmington, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Murphy L. Sparks Flat River, Mo

25. DATE RECD. BY LOCAL REG.

Sept. 15, 1962

26. REGISTRAR'S SIGNATURE

Eather Rudloff

(Licensed Embelmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

SEP 26 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Henry L. Sparks

Licensed Embalmer No.

4236

P. O. Address

Albany, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.